-- ROCK BAND/GROUP REGISTRATION FORM --

NAME:_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

PHONE:_____ ALT. PHONE:_____

E-MAIL ADDRESS:_____ AGE:_____

EXPERIENCE (please check one): ❑ BEGINNER ❑ INTERMEDIATE ❑ ADVANCED

SESSION: ❑ WINTER/SPRING ❑ SUMMER ❑ FALL

REGISTRATION FOR: ❑ ROCK BAND: LEVEL 1 ❑ ROCK BAND: LEVEL 2
❑ COFFEE HOUSE COMBOS

INSTRUMENTS YOU PLAY:

Main Instrument:_____ Other Instruments:_____

Years of Experience:_____ Would you like to sing: ❑ YES ❑ NO

Genre you like (check all that apply): ❑ Rock/Pop ❑ Punk ❑ Metal ❑ Classic Rock ❑ Other

List Favorite Bands/Artists:_____

WOULD YOU LIKE TO PLAY WITH ANY OTHERS ATTENDING? IF YES, PLEASE LIST

THEIR NAMES:_____

Are you currently enrolled in lessons at Michigan Rock School? ❑ YES ❑ NO
If not, are you enrolled in lessons at another studio? Please provide info:

_____

PARENT/GUARDIAN INFORMATION:

Name:_____ Relation:_____

Additional contact phone or e-mail:_____

* PLEASE NOTE: Because each member becomes an integral part of their band, please understand the commitment to rehearsals and performances involved. Due to the band dynamic, we will be unable to honor refunds or credits for missed rehearsal time.

Questions? Contact us at MichiganRockSchool@gmail.com or 248/676-9155